



**PATIENT PRESENTING CLINICAL SIGNS**

Lily Ames History: 1. Hyporexia (albeit no weight loss) and hx of RESOLVED (on rectal normal color) straining to defecate per O, and has had small black stools at times r/o Neo vs primary GI (incl ulcer, neo) vs Metabolic vs +/- behavioral 2. Tartar 2/4 3. Mild allergies (OE 2ry to allergies)

Abnormal PE/Chem/CBC/UA Results: - CBC wnl - Phos 1.2 r/o D+ vs malabsorption vs > renal excretion - Na 163

**SPECIES**

Canine

**BREED**

Miniature Pinscher Mix

**SEX**

Spayed female

**AGE**

12 years

**WEIGHT**

3.9 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Neil Russell

**HOSPITAL NAME**

Frosted Faces  
Foundation

**REFERRING VET**

Neil Russell

**INVOICE**

45917

**DATE**

7/5/23

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.0 cm.

**Adrenal Glands**

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.42 cm at the cranial pole and 0.45 cm at the caudal pole. The right adrenal gland measured 0.42 cm at the caudal pole and 0.39 cm at the cranial pole.

**Spleen**

The **spleen** revealed a microcystic nodule that measured 0.58 cm at the mid cranial body. A smaller nodule was noted at the mid caudal body and measured 0.28 cm.

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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**Gastrointestinal**

The stomach was mildly thickened in this patient with no loss of mural detail. The lumen was empty. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. Soft stool was noted in the colon.

**Pancreas**

The **pancreas** revealed minor, heterogenous parenchymal changes. This is consistent with remodeling.

**ULTRASONOGRAPHIC FINDINGS**

Pancreatic remodeling.

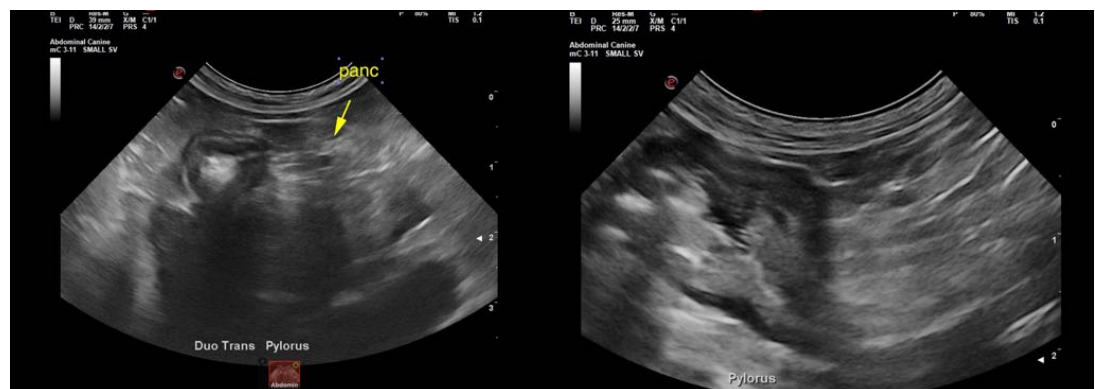
Minor gastric thickening.

Soft stool in the colon.

Splenic cysts.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The patient likely has a history of pancreatitis. Subxiphoid palpation is recommended to assess for pain upon the region of the pancreas. Proactive splenectomy and GI biopsies can be considered in this patient given the patient's history. Given the underlying treatment for colitis and assessment for parasites are indicated if not already performed. Colonoscopy would be ideal if clinical signs persist.





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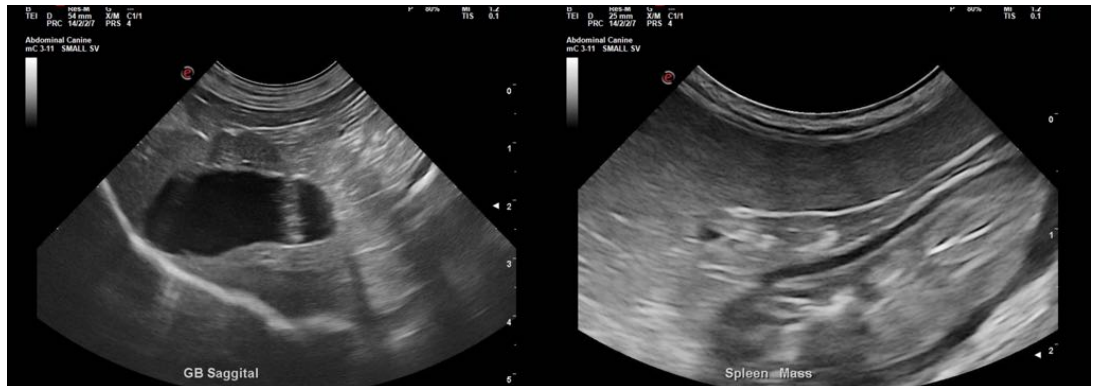
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

**Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com**  
info@SonoPath.com